

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: SUMMIT HOUSE (410163)

Address: 2501 HARRISON ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 12/01/1988

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095478 **End Date:** 08/18/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007184 Served 09/09/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		

Survey ID: 0093755 **End Date:** 12/01/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007058 Served 12/13/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	08/18/2005	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	08/18/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	08/18/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 12/10/2004 **SOD #**10007058 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.43(3)(b)1
FORFEITURE---83.43(3)(b)2
FORFEITURE---83.53(2)(a)

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Complaint History

Date Complaint Received: 08/05/2005

Date Investigation Completed: 08/23/2005

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/06/2005

Date Investigation Completed: 08/23/2005

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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